

In Re: VITALITY HEALTH PLAN OF CALIFORNIA, INC. Debtor(s).

CHAPTER 11 (BUSINESS)	
Case Number:	2:20-21041-WB
Operating Report Number:	2
For the Month Ending:	31-Jan-21

I. CASH RECEIPTS AND DISBURSEMENTS
A. (GENERAL ACCOUNT*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	_____
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	_____
3. BEGINNING BALANCE:	19,517.59
4. RECEIPTS DURING CURRENT PERIOD:	
Accounts Receivable - Post-filing	_____
Accounts Receivable - Pre-filing	_____
General Sales	1,340,307.53
Other (Specify)	_____
**Other (Specify)	
Member Premiums	1,064.51
Bank Fee	200.00
Deposit Refund	_____
Plan 2 Plan Payments	287.27
TOTAL RECEIPTS THIS PERIOD:	1,341,859.31
5. BALANCE:	1,361,376.90
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD	
Transfers to Other DIP Accounts (from page 2)	0.00
Disbursements (from page 2)	1,187,382.68
TOTAL DISBURSEMENTS THIS PERIOD:***	1,187,382.68
7. ENDING BALANCE:	173,994.22
8. General Account Number(s):	xxxxx6009
Depository Name & Location:	Chase Bank 3057 Stevens Creek Blvd, Santa Clara, CA 95050

* All receipts must be deposited into the general account.

** Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.

***This amount should be the same as the total from page 2.

Date mm/dd/yyyy	Check Number	Payee or DIP account	Purpose	*Amount Transferred	**Amount Disbursed	Amount
01/19/2021	Wire	Luman	Jan-20 Internet		9,672.66	9,672.66
01/19/2021	Wire	Genesys Telecommunications Labs, Inc	Jan-21 Pure cloud		5,751.42	5,751.42
01/19/2021	Pay Pal ACH	Adobe	Adobe monthly license		798.86	798.86
01/19/2021	Wire	Tuan X Nguyen MD	For CMO Inv# 010521		15,000.00	15,000.00
01/19/2021	Wire	Procare MSO Inc	Inv# PCMSO2020DEC for UM and Credentialing monthly services		30,000.00	30,000.00
01/19/2021	Wire	Procare Health Inc	Inv# Vitality01052021 for Claims oversight monthly services		10,000.00	10,000.00
01/19/2021	Wire	Towerstream Corporation	Jan-21 Internet services		1,225.00	1,225.00
01/19/2021	Wire	Towerstream Corporation	For inv 479505		1,225.00	1,225.00
01/19/2021	Wire	SPH Analytics	invoice IVC34325 for 2021 HEDIS Season		9,165.00	9,165.00
01/19/2021	Wire	MedImpact Healthcare Systems, Inc	Claims processing for 1/8/21 to 1/14/21		63,623.22	63,623.22
01/19/2021	ACH	QuickBooks	Check stock		503.95	503.95
01/20/2021	Wire	Healthaxis Group LLC	Inv#75750 for Reimburse POBOX 94340		364.00	364.00
01/20/2021	Wire	Vision Service Plan	Jan-21 SUP CAP		7,671.99	7,671.99
01/20/2021	Wire	Delta Dental of California	Jan-21 SUP CAP		4,343.04	4,343.04
01/22/2021	Wire	Madena, Ltd.	Inv-0844FP for Synchronicity Saar fee in Jan-21		4,350.00	4,350.00
01/22/2021	Wire	Hear USA	Jan-21 SUP CAP		452.40	452.40
01/22/2021	Wire	American specialty Health Plans	Jan-21 SUP CAP		5,530.59	5,530.59
01/25/2021	Wire	Stretto	Reimbursement for out of pocket mailing costs		3,450.00	3,450.00
01/25/2021	Wire	Chase	Bank fee for Wire reversal to Chancellor Consulting Group		39.75	39.75
01/26/2021	5000	Ability Network Inc	Jan-21 Hosted Secure Exchange		1,653.75	1,653.75
01/26/2021	5001	Semler Scientific, Inc.	Jan-21 License fees		1,639.21	1,639.21
01/26/2021	5002	Premier Workspaces	7th Floor Premier Mail Services		95.00	95.00
01/26/2021	5003	Broadway Warehouse LP	JAN-2021 Stockton Rental		3,990.00	3,990.00
01/26/2021	5004	CITY OF CERRITOS	Business License Feb-21-Jan-22		226.00	226.00
01/26/2021	5005	Cecilia Rodgers	Halloween Treats for Stockton PCPs		38.81	38.81
01/26/2021	5006	Comcast	Dec-20 and Jan-21 Stockton Internet.		1,171.74	1,171.74
01/26/2021	5007	Pitney Bowes	Postage Meter Refill		59.87	59.87
01/26/2021	5008	Scorpion Healthcare LLC	Jan-21 Monthly Marketing Services		3,000.00	3,000.00
01/26/2021	5009	Sparkletts	Jan-21 Filtration System Rental		39.00	39.00
01/26/2021	5010	Velosio LLC	Jan-2021 Domain		1,962.54	1,962.54
01/26/2021	5011	Gia P. Deroze	Member World Wide Coverage Reimbursement		3,419.00	3,419.00
01/26/2021	Wire	Convey Health Solutions	for Dec-20 to Dec-31-20		1,218.50	1,218.50
01/26/2021	Online pymt	U.S. Trustee Program	Q4 of 2020 US Trustee Quarterly Fee Payment for Chapter 11		975.00	975.00
01/27/2021	Wire	Beacon Health Solutions	Jan-21 Services For invoice# VHP-031		49,624.82	49,624.82
01/28/2021	Wire	LAN Doctors	Feb-21 Datacenter Support		11,671.12	11,671.12
01/29/2021	5012	Mark Andes	Jan-2021 CCO		12,000.00	12,000.00
01/29/2021	5013	U.S. Bankruptcy Court	Filing Fee Chapter No: 11, Case#: 2:20-bk-2104		31.00	31.00

01/29/2021	5014	Vatsala Ramachandran	Member OOP Expenses Reimbursement		7,844.46	7,844.46
01/29/2021	5015	Brian Barry	Postage Stamps Reimbursement		66.00	66.00
01/29/2021	5016	Beverly Gibbs	Jan-2021 Consulting - Retainer Fee		3,000.00	3,000.00
01/29/2021	5018	Healthaxis Group LLC			39,768.14	39,768.14
01/29/2021	5017	ACCUPATH DIAGNOSTIC LABORATORIES	Rex Villanueva Claim DOS: 4/6/20 - In Situ Hybridization		216.00	216.00
01/04/2021	Wire	MedImpact Healthcare Systems, Inc	Claims processing for 12/22 to 12/28/20		31,064.17	31,064.17
01/05/2021	Wire	MedImpact Healthcare Systems, Inc	Claims processing for 12/22 to 12/28/20		100,000.00	100,000.00
01/05/2021	Wire	MedImpact Healthcare Systems, Inc	Claims processing for 12/29 to 12/31/20		50,973.20	50,973.20
01/05/2021	Wire	All Care	Jan-20 CAP and Deposit		206,707.55	206,707.55
01/06/2021	Debit card	Stretto	Reimbursement for out of pocket mailing costs		5,000.00	5,000.00
01/06/2021	ACH	Seoul Medical Group Inc	Jan-20 CAP		8,609.79	8,609.79
01/06/2021	Debit Card	Corporate Image Marketing, Inc.	Vanity-PRO Monthly Service Charge		299.00	299.00
01/06/2021	ACH	Employers Resources	For inv 500227-8134 Payroll		20,211.94	20,211.94
01/07/2021	ACH	Employers Resources	Inv 20211-INT for payroll		133,941.26	133,941.26
01/08/2021	Debit card	Jeb-Phi Inc	PMG HOSPITAL TERMINATION MAILING		543.73	543.73
01/11/2021	Wire	MedImpact Healthcare Systems, Inc	Claims processing for 1/1/21 to 1/7/21		23,242.65	23,242.65
01/11/2021	Wire	Premier Care of Northern California Med	Jan-21 IPA CAP		5,878.29	5,878.29
01/11/2021	Wire	Physician Partners IPA, Inc	Jan-21 IPA CAP		96,087.55	96,087.55
01/11/2021	Wire	Santa Clara County IPA	Jan-21 IPA CAP		29,554.21	29,554.21
01/12/2021	ACH	United Healthcare	HMO insurance monthly premium		17,866.77	17,866.77
01/12/2021	ACH	United Healthcare	PPO insurance monthly premium		6,359.84	6,359.84
01/12/2021	ACH	TPA Operations	CGDP MedicareQ3 2020 H1426		745.53	745.53
01/15/2021	ACH	Chase	Bank fee for Operating account		850.47	850.47
01/15/2021	ACH	Chase	Bank fee for Payroll account		241.05	241.05
01/15/2021	ACH	Chase	Bank fee for Lockbox		476.54	476.54
01/22/2021	ACH	Employers Resources	Payroll		131,852.30	131,852.30
					0.00	
TOTAL DISBURSEMENTS THIS PERIOD:				0.00	1,187,382.68	\$1,187,382.68

* Fill in amounts in this column if they are TRANSFERS to another DIP account (e.g. Payroll or Tax); the "amount" column will be filled in for you.

** Fill in amounts in this column if they are DISBURSEMENTS to outside payees; the "amount" column will be filled in for you.

*** The debtor inadvertently paid \$5,119 to Crowell Moring. As soon as the Debtor became aware of this payment, the Debtor promptly requested a refund from Crowell, who agreed to return the money.

Bank statement Date: 1/31/2021 Balance on Statement: \$248,292.36

Plus deposits in transit (a):

Deposit Date Deposit Amount

TOTAL DEPOSITS IN TRANSIT

0.00

Less Outstanding Checks (a):

<u>Check Number</u>	<u>Check Date</u>	<u>Check Amount</u>
5003	1/26/2021	\$ 3,990.00
5011	1/26/2021	\$ 3,419.00
5008	1/26/2021	\$ 3,000.00
5010	1/26/2021	\$ 1,962.54
5000	1/26/2021	\$ 1,653.75
5001	1/26/2021	\$ 1,639.21
5006	1/26/2021	\$ 1,171.74
5007	1/26/2021	\$ 59.87
5009	1/26/2021	\$ 39.00
5005	1/26/2021	\$ 38.81
5018	1/29/2021	\$ 39,768.14
5012	1/29/2021	\$ 12,000.00
5014	1/29/2021	\$ 7,844.46
5016	1/29/2021	\$ 3,000.00
5017	1/29/2021	\$ 216.00
5015	1/29/2021	\$ 66.00
5013	1/29/2021	\$ 31.00

TOTAL OUTSTANDING CHECKS:

79,899.52

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE:

\$168 392 84

* It is acceptable to replace this form with a similar form.

** Please attach a detailed explanation of any bank statement adjustment

1. TOTAL RECEIPTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS	<u>286,005.50</u>
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS	<u>286,005.50</u>
3. BEGINNING BALANCE:	 0.00
4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account)	<u>286,005.50</u>
5. BALANCE:	 <u>286,005.50</u>
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:***	
7. ENDING BALANCE:	 <u>0.00</u>
8. PAYROLL Account Number(s):	<u>xxxx3372</u>
Depository Name & Location:	<u>Chase Bank</u> <u>3057 Stevens Creek Blvd, Santa Clara, CA 95050</u>

Bank statement Date: 1/31/2021 Balance on Statement: \$0.00

Plus deposits in transit (a):

<u>Deposit Date</u>	<u>Deposit Amount</u>

TOTAL DEPOSITS IN TRANSIT 0.00

Less Outstanding Checks (a):

<u>Check Number</u>	<u>Check Date</u>	<u>Check Amount</u>

TOTAL OUTSTANDING CHECKS: 0.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE: \$0.00

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

1. TOTAL RECEIPTS PER ALL PRIOR TAX ACCOUNT REPORTS	<hr/> 0.00
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR TAX ACCOUNT REPORTS	<hr/>
3. BEGINNING BALANCE:	<input type="text" value="0"/>
4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account)	<hr/>
5. BALANCE:	<input type="text" value="0.00"/>
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:***	<input type="text" value="0.00"/>
7. ENDING BALANCE:	<input type="text" value="0.00"/>
8. TAX Account Number(s):	<hr/> <hr/> <hr/>

Depository Name & Location:

Bank statement Date: 1/31/2021 Balance on Statement: _____

Plus deposits in transit (a):

n/a

Deposit Date Deposit Amount

_____ 0.00

TOTAL DEPOSITS IN TRANSIT _____ 0.00

Less Outstanding Checks (a):

Check Number Check Date Check Amount

TOTAL OUTSTANDING CHECKS: 0.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE: \$0.00

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

	*Accounts Payable Post-Petition	Accounts Receivable	
	Pre-Petition	Post-Petition	
30 days or less	222,596.00	0.00	
31 - 60 days			
61 - 90 days			
91 - 120 days			
Over 120 days			
TOTAL:	222,596.00	0.00	0.00

V. INSURANCE COVERAGE

	Name of Carrier	Amount of Coverage	Policy Expiration Date	Premium Paid Through (Date)
Commercial Blanket	Hartford	\$3,000,000	10/1/2021	10/1/2021
Commercial Blanket	Sentinel	\$3,000,000	10/1/2021	10/1/2021
Managed Care Error & Omissions	TDC National Assurance	\$3,000,000	4/1/2021	4/1/2021
Management Liability	TDC National Assurance	\$1,000,000	4/1/2021	4/1/2021
Directors & Officers	TDC National Assurance	\$5,000,000	4/1/2021	4/1/2021
Workers Compensation	State National	\$1,000,000	8/31/2021	8/31/2021
Cyber Liability	Houston Casualty	\$5,000,000	4/1/2021	4/1/2021
Reinsurance	IronShore	\$1,000,000	12/31/2021	10/1/2020
Others: Crime	Liberty Mutual	\$2,000,000	10/1/2021	10/1/2021

VI. UNITED STATES TRUSTEE QUARTERLY FEES (TOTAL PAYMENTS)

Quarterly Period Ending (Date)	Total Disbursements	Quarterly Fees	Date Paid	Amount Paid	Quarterly Fees Still Owing
31-Dec-2020	148,131.00	975.00	26-Jan-2021	975.00	0.00
					0.00
					0.00
	975.00			975.00	0.00

* Post-Petition Accounts Payable SHOULD NOT include professionals' fees and expenses which have been incurred but not yet awarded by the court. Post-Petition Accounts Payable SHOULD include professionals' fees and expenses authorized by Court Order but which remain unpaid as of the close of the period report

ENDING BALANCES FOR THE PERIOD:

(Provide a copy of monthly account statements for each of the below)

General Account:	<u>173,994.22</u>
Payroll Account:	<u>0.00</u>
Tax Account:	<u>0.00</u>

*Other Accounts:

_____	_____
_____	_____

*Other Monies:

N/A	_____
**Petty Cash (from below):	<u>0.00</u>

TOTAL CASH AVAILABLE:

173,994.22

Petty Cash Transactions:

Date	Purpose	Amount
_____	_____	<u>0.00</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PETTY CASH TRANSACTIONS:

0.00

* Specify the Type of holding (e.g. CD, Savings Account, Investment Security), and the depository name, location & account#

** Attach Exhibit Itemizing all petty cash transactions

Creditor, Lessor, Etc.	Frequency of Payments (Mo/Qtr)	Amount of Payment	Post-Petition payments not made (Number)	Total Due
Ability Network Inc	Monthly	Varies	0	\$ -
Advocate Health, LLC	Monthly	Varies	0	\$ -
Aguilera & Associates, INC	Monthly	Varies	0	\$ -
All Care	Monthly	Vaies with Enrollment	0	\$ -
American Logistics	Monthly	Varies by Ride usage	0	\$ -
American Specialty Health Plans (Acupuncture-Chiropractor)	Monthly	Varies by Membership	0	\$ -
Anh Tran	Monthly	Varies	0	\$ -
Audiology Distribution (Hearing Vendor)	Monthly	Varies by Membership	0	\$ -
Beacon Health Solutions	Monthly	\$ 34,800.00	0	\$ -
BIG Services Inc	Monthly	Varies	0	\$ -
Broadway Warehouse, LP (Stockton Office Lease)	Monthly	\$ 3,990.00	0	\$ -
CareNet Healthcare Services	Monthly	\$ 2,570.50	0	\$ -
Chamreoun Hin (Contracted Employee Accounting Staff)	Monthly	\$ 1,800.00	0	\$ -
City of Cerritos - Business License	Annual	\$ 226.00	0	\$ -
Clara Ayora	Monthly	Varies	0	\$ -
Comcast (Stockton Office Internet)	Monthly	\$ 580.87	0	\$ -
Convey Health Solutions	Monthly	Varies by OTC Usage	0	\$ -
Costas Healthcare Solutions	Monthly	Varies	0	\$ -
CQ fluency, Inc	Monthly	\$ 460.00	0	\$ -
David Wedemeyer	Monthly	\$ 7,175.00	0	\$ -
Delta Dental	Monthly	Varies by Membership	0	\$ -
Diversified Data Design Corp	Monthly	Varies	0	\$ -
Dr. Tuan Nguyen (Contracted Employee Medical Director)	Monthly	\$ 15,000.00	0	\$ -
Echosens	Monthly	Varies	0	\$ -
Employers Resource, Payroll Vendor	Bi-Weekly	Varies based on volume	0	\$ -
First General Insurance	Monthly	Varies	0	\$ -
First Sierra Insurance Services, LLC	Monthly	Varies	0	\$ -
Genesys Telecommunications Labs	Monthly	\$ 5,944.45	0	\$ -
Goldwell Insurance Services	Monthly	Varies	0	\$ -
Graceland Insurance	Monthly	Varies	0	\$ -
Green Leaf Financial & Insurance Service	Monthly	Varies	0	\$ -
HealthAxis Group	Monthly	\$ 28,652.00	0	\$ -
Healthy People	Monthly	\$ 12,250.00	0	\$ -
Intuit	Monthly	\$ 503.95	0	\$ -
JAR Insurance Services, LLC	Monthly	Varies	0	\$ -
Kenneth Watkins (Contractor- Finance Sr Director)	Monthly	\$ 15,000.00	0	\$ -
LAN Doctors (Offsite Data Backup Hosting)	Monthly	\$ 12,000.00	0	\$ -
Level 3 Communications (Bandwidth & Back Up Internet)	Monthly	\$ 9,672.66	0	\$ -
Louis T. Do	Monthly	Varies	0	\$ -
Luman	Monthly	Varies	0	\$ -
Madena, Ltd.	Monthly	\$ 4,350.00	0	\$ -
Mark Andes (Contracted Employee Compliance Director)	Monthly	\$ 12,000.00	0	\$ -
MedImpact Healthcare Systems (Pharmacy Usage)	Weekly	Varies by Drug Usage	0	\$ -
Myriad Shields Corporation	Monthly	Varies	0	\$ -
Navex Global	Quarterly	\$ 2,832.19	0	\$ -
Oliver Wyman Actuarial Consulting	Monthly	\$ 7,800.00	0	\$ -
OpenText	Monthly	\$ 201.48	0	\$ -
Physician Partners IPA	Monthly	Varies by Membership	0	\$ -
Pitney Bowes	Monthly	Varies	0	\$ -
Premier Workspaces	Monthly	\$ 95.00	0	\$ -
PremierCare of Northern California	Monthly	Varies by Membership	0	\$ -

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ProCare Health (Claims Payment Oversight Services)	Monthly	\$ 10,000.00	0	\$ -
ProCare Health (UM and Credentialing Services)	Monthly	\$ 30,000.00	0	\$ -
Purchase Power	Monthly	\$ 59.87	0	\$ -
Quest Analytics	Monthly	Varies	0	\$ -
Quest Diagnostics Clinical Laboratories	Monthly	Varies	0	\$ -
Right Networks	Monthly	\$ 107.70	0	\$ -
RILCO Service	Monthly	Varies	0	\$ -
RREF Cerritos (Cerritos Offices Lease)	Monthly	\$ 47,000.00	0	\$ -
Santa Clara County IPA	Monthly	Varies by Membership	0	\$ -
Scorpion Healthcare (Website Hosting)	Monthly	\$ 3,000.00	0	\$ -
SDL (American Disabilities Act 508 Remediation)	Monthly	\$ 570.00	0	\$ -
Secure Healthcare Solutions	Monthly	Varies	0	\$ -
Semler Scientific	Monthly	\$ 1,639.21	0	\$ -
Seoul Medical Group	Monthly	Varies by Membership	0	\$ -
South Bay Health and Insurance Services	Monthly	Varies	0	\$ -
Sparkletts	Monthly	\$ 39.00	0	\$ -
SPH Analytics	Seasonal	\$ 9,165.00	0	\$ -
Team Alvarez Insurance	Monthly	Varies	0	\$ -
Tivity Health (Member Fitness Benefit)	Monthly	Varies by Membership	0	\$ -
Tivity Health, Inc	Monthly	Varies	0	\$ -
Towerstream Corporation	Monthly	\$ 2,450.00	0	\$ -
Unique Health Insurance Services, LLC	Monthly	Varies	0	\$ -
United Healthcare (Employee HMO Health Insurance)	Monthly	\$ 17,866.77	0	\$ -
United Healthcare (Employee PPO Health Insurance)	Monthly	\$ 6,359.84	0	\$ -
Velosio	Monthly	\$ 1,962.54	0	\$ -
Vision Service Plan (VSP)	Monthly	Varies by Membership	0	\$ -
			0	\$ -
			TOTAL DUE:	0.00

Note: Schedule II reports parties with recent activity.

III. TAX LIABILITIES

FOR THE REPORTING PERIOD:

Gross Sales Subject to Sales Tax: _____
 Total Wages Paid: 108,894.81

	Total Post-Petition Amounts Owing	Date Delinquent Amount Due
Federal Withholding		
State Withholding		
FICA- Employer's Share		
FICA- Employee's Share		
Federal Unemployment		
Sales and Use		
Real Property		
Other: CA Disability		
TOTAL:	0.00	0.00

VIII. SCHEDULE OF OTHER AMOUNTS PAID TO INSIDERS

	Current Month 1/1/2021 to 1/31/ 2021	Cumulative Post-Petition
Sales/Revenue:		
Gross Sales/Revenue	<u>762,403.00</u>	2,092,125.00
Less: Returns/Discounts		
Net Sales/Revenue	<u>762,403.00</u>	<u>2,092,125.00</u>
Cost of Goods Sold:		
Beginning Inventory at cost		
Purchases (Medical Costs)	<u>693,630.00</u>	<u>1,816,314.00</u>
Less: Ending Inventory at cost		
Cost of Goods Sold (COGS)	<u>693,630.00</u>	<u>1,816,314.00</u>
Gross Profit	<u>68,773.00</u>	<u>275,811.00</u>
Other Operating Income (Itemize)		
Operating Expenses:		
Payroll - Insiders		
Payroll - Other Employees	<u>303,582.26</u>	<u>437,523.26</u>
Payroll Taxes		
Other Taxes (Itemize)		
Depreciation and Amortization	<u>27,303.00</u>	<u>38,752.00</u>
Rent Expense - Real Property	<u>49,475.00</u>	<u>68,600.00</u>
Lease Expense - Personal Property		
Insurance	<u>14,500.00</u>	<u>20,474.00</u>
Real Property Taxes		
Telephone and Utilities	<u>19,084.00</u>	<u>23,567.00</u>
Repairs and Maintenance		
Travel and Entertainment (Itemize)		
Miscellaneous Operating Expenses (Itemize)	<u>1,112.00</u>	<u>1,112.00</u>
Broker Commissions	<u>34,945.00</u>	<u>87,602.00</u>
Software Fees & Services	<u>46,588.00</u>	<u>66,686.00</u>
Dues & Subscriptions	<u>2,899.00</u>	<u>4,115.00</u>
Taxes & Licenses	<u>163.00</u>	<u>163.00</u>
Bank Fees	<u>1,408.00</u>	<u>2,193.00</u>
Office Supplies	<u>937.00</u>	<u>937.00</u>
Consulting Services	<u>113,019.00</u>	<u>113,019.00</u>
Outside Services	<u>207,897.00</u>	<u>207,897.00</u>
Total Operating Expenses	<u>822,912.26</u>	<u>1,072,640.26</u>
Net Gain/(Loss) from Operations	<u>(754,139.26)</u>	<u>(796,829.26)</u>
Non-Operating Income:		
Interest Income		
Net Gain on Sale of Assets (Itemize)		
Other (Itemize)		
Total Non-Operating income	<u>0.00</u>	<u>0.00</u>
Non-Operating Expenses:		
Interest Expense		
Legal and Professional (Itemize)		
Other (Itemize)		
Total Non-Operating Expenses	<u>0.00</u>	<u>0.00</u>
NET INCOME/(LOSS)	<u>(754,139.26)</u>	<u>(796,829.26)</u>

ASSETS

	Current Month End
Current Assets:	
Unrestricted Cash	173,994.00
Restricted Cash	_____
Accounts Receivable	_____
Inventory	_____
Notes Receivable	_____
Prepaid Expenses	_____
Other (Itemize)	_____
Rebates	439,559.00
Other Receivables	1,172,887.00
Other Receivables	500,000.00
Allowance for uncollectable Account	(500,000.00)
Prepaid Expenses	175,850.00
Deposit Refund Recievable	29,750.00
Vendor Reimbursement	5,119.00
	Total Current Assets
	1,997,159.00
Property, Plant, and Equipment	1,822,839.00
Accumulated Depreciation/Depletion	(772,781.00)
	1,050,058.00
Other Assets (Net of Amortization):	
Due from Insiders	_____
Other (Itemize)	_____
Security Deposit	301,202.00
Lease Deposit	335,546.00
Other Deposits	85,829.00
	Total Other Assets
	722,577.00
TOTAL ASSETS	3,769,794.00

LIABILITIES

Post-petition Liabilities:	_____
Accounts Payable	222,596.00
Taxes Payable	_____
Notes Payable	_____
Professional fees	_____
Secured Debt	_____
Other (Itemize)	_____
Deferred Income	579,193.00
Deferred Rent	_____
Capitation Payable	_____
Part D Settlement Liability	24,221.67
IBNR	728,219.00
Accured Payroll	127,291.26
Accrued Vacation	1,161

Accrued Interest

Accured Interest-Subordinated

Note Payable Supbordinated

Note Payable SBA Loan

Note Payable-VHP

Total Post-petition Liabilities

1,682,681.83

Pre-petition Liabilities:

Secured Liabilities

Priority Liabilities

Unsecured Liabilities

Other (Itemize)

Total Pre-petition Liabilities

33,211,826.60

TOTAL LIABILITIES

34,894,508.43

EQUITY:

Pre-petition Owners' Equity

Post-petition Profit/(Loss)

Direct Charges to Equity

TOTAL EQUITY

(30,327,885.17)

(796,829.26)

(31,124,714.43)

TOTAL LIABILITIES & EQUITY

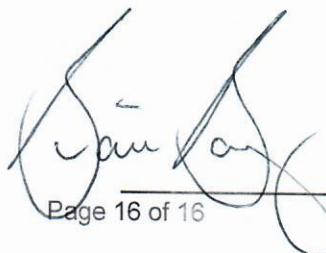
3,769,794.00

	No	Yes
1. Has the debtor-in-possession made any payments on its pre-petition unsecured debt, except as have been authorized by the court? If "Yes", explain below:	<hr/>	<hr/>
<p>The debtor inadvertently paid \$5,119 to Crowell Moring. As soon as the Debtor became aware of this payment, the Debtor promptly requested a refund from Crowell, who agreed to return the money.</p> <hr/>		
2. Has the debtor-in-possession during this reporting period provided compensation or remuneration to any officers, directors, principals, or other insiders without appropriate authorization? If "Yes", explain below:	<hr/>	<hr/>
3. State what progress was made during the reporting period toward filing a plan of reorganization "The Debtor has been extensively marketing its business to prospective buyers/investors, and has received significant interest from numerous parties, and expects to be filing shortly a sale procedures that will pave the way toward preparation and confirmation of a plan of reorganization."		
4. Describe potential future developments which may have a significant impact on the case:		
5. Attach copies of all Orders granting relief from the automatic stay that were entered during the reporting period.		
6. Did you receive any exempt income this month, which is not set forth in the operating report? If "Yes", please set forth the amounts and sources of the income below.	<hr/>	<hr/>

I, Brian Barry, President
declare under penalty of perjury that I have fully read and understood the foregoing debtor-in-possession operating report and that the information contained herein is true and complete to the best of my knowledge.

2-23-21

Date



Page 16 of 16

Principal for debtor-in-possession



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 14, 2021 through January 29, 2021

Account Number: XXXXXXXXXX 6009

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

00132353 DRE 703 142 03021 NNNNNNNNNNN T 1 000000000 61 0000
VITALITY HEALTH PLAN OF CALIFORNIA, INC.
18000 STUDEBAKER RD STE 960
CERRITOS CA 90703



0132353020100000022

CHECKING SUMMARY

Chase Analysis Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$0.00
Deposits and Additions	8	497,522.93
Checks Paid	2	-321.00
Electronic Withdrawals	23	-248,909.57
Ending Balance	33	\$248,292.36

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/14	Online Transfer From Chk ...6223 Transaction#: 11000742775	\$470,000.00
01/19	Deposit 8149	3.90
01/19	Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000026021720 Eed:210119 Ind ID:1011987594577 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0196021720Tc	0.14
01/19	Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000026021719 Eed:210119 Ind ID:1011987594578 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0196021719Tc	0.11
01/25	Online Transfer From Chk ...6223 Transaction#: 11064224164	15,000.00
01/25	Wire Reversal B/O: JPMC Cb Funds Transfer Same Day Tampa FL 33610-9128 US Org: Aba/021000089 Citibank N.A. Ref./Bnf/Our Ref Jpm210125-007951 Chaseref9473209025Ff Rtn Dtd 01/25/2021 Trn 3483291025Es As Ref 20210125 B1 Qgc03C011161 Need Valid Bnf Acc Oun Tt O Cred It Less Fees Trn: 6814900025Hh	12,253.00
01/25	Online Transfer From Chk ...5555 Transaction#: 11055617010	202.98
01/26	Deposit 8310	62.80
Total Deposits and Additions		\$497,522.93



January 14, 2021 through January 29, 2021

Account Number: **6009**

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
5002 ^		01/29	\$95.00
5004 * ^		01/29	226.00
Total Checks Paid			\$321.00

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/19	01/19 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Invoice 30083341 Imd: 0119B1Qgc01C004271 Trn: 3179261019Es	\$63,623.22
01/19	Orig CO Name:Paypal Orig ID:Paypalsi77 Desc Date:210118 CO Entry Descr:Inst Xfer Sec:Web Trace#:021000027104011 Eed:210119 Ind ID:Adobe Inc Ind Name:Kalina Kalai 210118Ppz9Q9 Trn: 0197104011Tc	798.61
01/19	Orig CO Name:Intuit Orig ID:0000756346 Desc Date:210116 CO Entry Descr:Checksformsec:CCD Trace#:021000027104007 Eed:210119 Ind ID:4923976 Ind Name:Brian Barry 800-446-8848 Trn: 0197104007Tc	503.95
01/19	Orig CO Name:Paypal Orig ID:Paypalrd33 Desc Date:210118 CO Entry Descr:Verifybanksec:PPD Trace#:021000027104009 Eed:210119 Ind ID:1011987594579 Ind Name:Kalina Kalai 210118Ppz9F1 Trn: 0197104009Tc	0.25
01/20	01/20 Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: Towerstream Corporation Middleton RI 02842 US Ref: Invoices 477428 And 479505 Imd: 0120B1Qgc08C001326 Trn: 3040061020Es	2,450.00
01/20	01/20 Online Domestic Wire Transfer A/C: Tuan Xuan Nguyen, M.D., A Professiogarden Grove CA 92843-4991 US Ref: Vitality Monthly Fee Trn: 3041521020Es	15,000.00
01/20	01/20 Online Domestic Wire Transfer A/C: Procare Health, Inc. Garden Grove CA 92840- US Ref: Monthly Vitality Rate Trn: 3042891020Es	30,000.00
01/20	01/20 Online Domestic Wire Transfer A/C: Procare Health, Inc. Garden Grove CA 92840- US Ref: Monthly Rate For Vitality Claims Trn: 3043041020Es	10,000.00
01/20	01/20 Online Domestic Wire Transfer Via: Sil Vly Bk Scla/121140399 A/C: Sph Analytics Alpharetta GA 30009 US Ref: Invoice 34325/Time/08:02 Imd: 0120B1Qgc03C002631 Trn: 3051821020Es	9,165.00
01/20	01/20 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Level 3 Communications LLC Broomfield CO 80021 US Ref: January 2021 Invoice/Time/06:22 Imd: 0120B1Qgc05C001557 Trn: 3053791020Es	9,672.66
01/20	01/20 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Genesys Telecommunications Labs Daly City CA 94014 US Ref: Vitality Health Plan January 2021 Invoice/Bnf/Monthly Vitality Invoice/Time/06:22 Imd: 0120B1Qgc05C001558 Trn: 3055541020Es	5,751.42
01/20	01/20 Online Domestic Wire Transfer Via: Union LA Aka Uboc/122000496 A/C: Vision Service Plan Rancho Cordova CA 95670 US Ref: Vitality January 2021 Capitation/Time/14:09 Imd: 0120B1Qgc01C011453 Trn: 3311601020Es	7,671.99
01/20	01/20 Online Domestic Wire Transfer Via: Union LA Aka Uboc/122000496 A/C: Delta Dental Cerritos CA 90703 US Ref: Vitality January 2021 Capitation/Time/14:13 Imd: 0120B1Qgc05C011090 Trn: 3314661020Es	4,343.04
01/21	01/21 Online Domestic Wire Transfer Via: Fifth Third Bk NA/042000314 A/C: Aba/063103915 Tampa FL 33675-5079 US Ben: Healthaxis Group LLC Cincinnati OH 452638084 US Ref: Miscellaneous Expense/Time/16:05 Imd: 0121B1Qgc02C010411 Trn: 3356751021Es	364.00



January 14, 2021 through January 29, 2021

Account Number: XXXXXXXXXX 6009

ELECTRONIC WITHDRAWALS

(continued)

DATE	DESCRIPTION	AMOUNT
01/22	01/22 Online Domestic Wire Transfer Via: Citibank Nyc/021000089 A/C: Audiology Distribution LLC Palm Beach Gardens FL 33410 US Ref: Vitality January 2021 Capitation/Time/15:39 Imad: 0122B1Qgc02C009615 Trn: 3392161022Es	452.40
01/22	01/22 Online Domestic Wire Transfer Via: Bangor Svgs Bk/211274382 A/C: Madena Ltd Biddeford ME 04005 US Ref: Vitality Invoice 0844Fp January 2021 Imad: 0122B1Qgc06C015167 Trn: 3387831022Es	4,350.00
01/22	01/22 Online Domestic Wire Transfer Via: Umpqua Bank/123205054 A/C: American Specialty Health Plans San Diego CA 92121 US Ref: Vitality January 2021 Capitation Imad: 0122B1Qgc01C010828 Trn: 3398951022Es	5,530.59
01/25	01/25 Online Domestic Wire Transfer Via: Pac Western Bk CA/122238200 A/C: Stretto Irvine CA 92602 US Ref: Vitality Invoice 4510 Imad: 0125B1Qgc03C009428 Trn: 3449851025Es	3,450.00
01/25	01/25 Online Domestic Wire Transfer Via: Citibank Nyc/021000089 A/C: Chancellor Consulting Group Novato CA 94945 US Ref: Invoice 12-19 To 12-31 2020/Time/17:17 Imad: 0125B1Qgc03C011161 Trn: 3483291025Es	12,293.00
01/26	01/26 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Convey Health Solutions Weston FL 33326 US Ref: Vitality Payment Invoice 2012153002/Time/14:24 Imad: 0126B1Qgc07C008582 Trn: 3305611026Es	1,218.50
01/27	01/27 Online Domestic Wire Transfer Via: Fifth Third Bk NA/042000314 A/C: Aba/063103915 Tampa FL 33675-5079 US Ben: Beacon Health Solutions Tampa FL 33609 US Ref: Vitality Invoice Vhp-031/Time/08:02 Imad: 0127B1Qgc03C002425 Trn: 3041141027Es	49,624.82
01/27	Orig CO Name: Quarterly Fee Orig ID:1501000502 Desc Date:210126 CO Entry Desc:Payment Sec:CCD Trace#:041036042999173 Eed:210127 Ind ID:0000 Ind Name:Vitality Health Plan O Transaction Trn: 0262999173Tc	975.00
01/28	01/28 Online Domestic Wire Transfer A/C: Ldi Consulting Inc East Stroudsburg PA 18301-7621 US Ref: Vitality Monthly Invoice February 2021 Trn: 3380591028Es	11,671.12
Total Electronic Withdrawals		\$248,909.57

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT
01/14	\$470,000.00
01/19	405,078.12
01/20	311,024.01
01/21	310,660.01
01/22	300,327.02
01/25	312,040.00
01/26	310,884.30
01/27	260,284.48
01/28	248,613.36
01/29	248,292.36



1132353020200000062



January 14, 2021 through January 29, 2021

Account Number: REDACTED 6009

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 01, 2021 through January 29, 2021
Primary Account: [REDACTED] 3006

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

00541795 DRE 703 210 03021 NNNNNNNNNNNN 1 000000000 80 0000
VITALITY HEALTH PLAN OF CALIFORNIA, INC.
18000 STUDEBAKER RD STE 960
CERRITOS CA 90703



05417950401000000024

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Analysis Business Checking	53006	\$30,233.46	\$0.00
Chase Analysis Business Checking	55555	100.00	0.00
Chase Analysis Business Checking	56223	834.50	600.88
Total		\$31,167.96	\$600.88
TOTAL ASSETS		\$31,167.96	\$600.88

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 3006

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$30,233.46
Deposits and Additions	4	18,850.48
Checks Paid	4	-11,650.37
ATM & Debit Card Withdrawals	2	-842.73
Electronic Withdrawals	4	-35,740.37
Fees	1	-850.47
Ending Balance	15	\$0.00



January 01, 2021 through January 29, 2021
Primary Account [REDACTED] 3006

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/06	Online Transfer From Chk ...6223 Transaction#: 10955977512	\$18,000.00
01/12	Orig CO Name:Palmetto Gba Val Orig ID:1571062326 Desc Date:011221 CO Entry Descr:Cgdp Sec:CCD Trace#:041000122082539 Eed:210112 Ind ID:Dhxw Ind Name:Vitality Health Plan O Cg05011001H1426 877-534-2772 Trn: 0122082539Tc	0.01
01/22	Service Fee Reversal	200.00
01/22	Online Transfer From Chk ...5555 Transaction#: 11049218120	650.47
Total Deposits and Additions		\$18,850.48

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
300770 ^		01/04	\$460.00
300803 * ^		01/04	471.17
300832 * ^		01/05	5,600.00
300833 ^		01/04	5,119.20
Total Checks Paid			\$11,650.37

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/06	Card Purchase 01/05 IN *Corporate Image MA 800-2241000 CA Card 0683	\$299.00
01/08	Card Purchase 01/07 Pip Printing No 46 562-8610863 CA Card 0683	543.73
Total ATM & Debit Card Withdrawals		\$842.73

ATM & DEBIT CARD SUMMARY

Brian O Barry Card 0683

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$842.73
Total Card Deposits & Credits	\$0.00

ATM & Debit Card Totals

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$842.73
Total Card Deposits & Credits	\$0.00



January 01, 2021 through January 29, 2021

Primary Account: 3006

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/06	Orig CO Name:Vitality Oprting Orig ID:9853006001 Desc Date:Prfund CO Entry Descr:Corp Pay Sec:CCD Trace#:021000026588733 Eed:210106 Ind ID:9853006001 Ind Name:EFT File Name: Rp0062O EFT/ACH Created Offset For Origin#: 9090209001 CO Eff Date: 21/01/06 210106 Rp0062O2 Trn: 0066588733Tc	\$8,609.79
01/12	Orig CO Name:Unitedhealthcare Orig ID:4945062115 Desc Date:210111 CO Entry Descr:Premium Sec:CCD Trace#:091000012892871 Eed:210112 Ind ID:253402 Ind Name:Vitality Health Plan Trn: 0122892871Tc	17,866.77
01/12	Orig CO Name:United Healthcar Orig ID:1411289245 Desc Date: CO Entry Descr:EDI Paymtssec:CTX Trace#:043000262892873 Eed:210112 Ind ID:143380072386 Ind Name:0007Vitality Health Trn: 0122892873Tc	6,359.84
01/14	01/14 Online Transfer To Chk ...6223 Transaction#: 11000649040	2,903.97
Total Electronic Withdrawals		\$35,740.37

FEES

DATE	DESCRIPTION	AMOUNT
01/15	Account Analysis Settlement Charge	\$850.47
Total Fees		\$850.47

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT
01/04	\$24,183.09
01/05	18,583.09
01/06	27,674.30
01/08	27,130.57
01/12	2,903.97
01/14	0.00
01/15	-850.47
01/22	0.00



1541795040200000064



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 5555

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$100.00
Deposits and Additions	1	292,000.00
Electronic Withdrawals	6	-291,858.95
Fees	1	-241.05
Ending Balance	8	\$0.00

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/05	Online Transfer From Chk ...6223 Transaction#: 10948197929	\$292,000.00
	Total Deposits and Additions	\$292,000.00

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
01/06	Orig CO Name: Employers Res Orig ID:3330688056 Desc Date:210106 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000014007426 Eed:210106 Ind ID:Zu2-Payrol Ind Name:0002288Zu2 Vitality He Vitality Health Trn: 0064007426Tc	Zu2 \$20,211.94
01/07	Orig CO Name: Employers Res Orig ID:3330688056 Desc Date:210107 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000015912255 Eed:210107 Ind ID:Zu2-Payrol Ind Name:0002328Zu2 Vitality He Vitality Health Trn: 0075912255Tc	Zu2 133,941.26
01/22	01/22 Online Transfer To Chk ...3006 Transaction#: 11049218120	650.47
01/22	01/22 Online Transfer To Chk ...6017 Transaction#: 11049224399	5,000.00
01/22	Orig CO Name: Employers Res Orig ID:3330688056 Desc Date:210122 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000012127403 Eed:210122 Ind ID:Zu2-Payrol Ind Name:0000323Zu2 Vitality He Vitality Health Trn: 0222127403Tc	Zu2 131,852.30
01/25	01/23 Online Transfer To Chk ...6009 Transaction#: 11055617010	202.98
	Total Electronic Withdrawals	\$291,858.95

FEES

DATE	DESCRIPTION	AMOUNT
01/15	Account Analysis Settlement Charge	\$241.05
	Total Fees	\$241.05

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT
01/05	\$292,100.00
01/06	271,888.06
01/07	137,946.80



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

DAILY ENDING BALANCE

(continued)

DATE	AMOUNT
01/15	137,705.75
01/22	202.98
01/25	0.00

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 6223

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$834.50
Deposits and Additions	14	1,344,496.07
Electronic Withdrawals	14	-1,344,253.15
Fees	1	-476.54
Ending Balance	29	\$600.88

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
01/04	Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400135004Lb	\$148.80
01/04	Orig CO Name:Cmsa Treas 310 Orig ID:9101036151 Desc Date:010421 CO Entry Descr: Misc Paysec:CCD Trace#:101036153702539 Eed:210104 Ind ID:1814822508A1750 Ind Name:Vitality Health Plan O Rmr*IV*Appsh14262100040100*Ai*13403 07.53*1340307.53*0\ Trn: 3663702539Tc	1,340,307.53
01/05	Lockbox No: 101829 For 4 Items At 16:00 5 Trn: 2400042005Lb	211.40
01/06	Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400280006Lb	55.80
01/07	Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400016007Lb	67.40
01/08	Deposit [REDACTED] 3180	287.27
01/11	Lockbox No: 101829 For 7 Items At 16:00 5 Trn: 2400249011Lb	130.30
01/14	Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400224014Lb	97.00
01/14	Online Transfer From Chk ...3006 Transaction#: 11000649040	2,903.97
01/15	Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400113015Lb	25.00
01/25	Lockbox No: 101829 For 5 Items At 16:00 5 Trn: 2400417025Lb	96.90
01/26	Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400027026Lb	19.10
01/27	Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400201027Lb	81.90
01/29	Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400153029Lb	63.70
	Total Deposits and Additions	\$1,344,496.07



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January 01, 2021 through January 29, 2021

Primary Account: **3006****ELECTRONIC WITHDRAWALS**

DATE	DESCRIPTION	AMOUNT
01/04	01/04 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Dec 19, 20, 21 Fees Imad: 0104B1Qgc06C012028 Trn: 3589881004Es	\$31,064.17
01/05	01/05 Domestic Wire Transfer Via: Bac Comnty Bk Stoc/121125660 A/C: Allcare Ipa Ref: January CAP Imad: 0105B1Qgc02C002329 Trn: 3711021004Es	206,707.55
01/05	01/05 Domestic Wire Transfer Via: Bk Comrc SD/122235821 A/C: Medimpact Healthcare Systems, Inc Imad: 0105B1Qgc02C002330 Trn: 3711101004Es	100,000.00
01/05	01/05 Online Transfer To Chk ...5555 Transaction#: 10948197929	292,000.00
01/05	01/05 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Vitality Invoice 30077190 Imad: 0105B1Qgc04C009465 Trn: 3413241005Es	50,973.20
01/06	01/06 Online Transfer To Chk ...3006 Transaction#: 10955977512	18,000.00
01/06	Orig CO Name:Stretto Orig ID:9215986202 Desc Date:210106 CO Entry Descr:Sale Sec:CCD Trace#:021000024969348 Eed:210106 Ind ID: Ind Name:Vitality Health Trn: 0054969348Tc	5,000.00
01/11	01/11 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: January 1 To 7 Invoice 30079973 Imad: 0111B1Qgc07C002467 Trn: 3024951011Es	23,242.65
01/11	01/11 Online Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Premier Care of Northern Californiaencino CA 91436 US Ref: January Capitation From Vitality Imad: 0111B1Qgc06C002598 Trn: 3026001011Es	5,878.29
01/11	01/11 Online Domestic Wire Transfer A/C: Physician Partners Ipa, Inc. Garden Grove CA 92840-5834 US Ref: January 2021 Capitation Trn: 3027371011Es	96,087.55
01/11	01/11 Online Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Santa Clara County Ipa Foster City CA 94404 US Ref: January 2021 Capitation Imad: 0111B1Qgc04C002250 Trn: 3029571011Es	29,554.21
01/12	Orig CO Name:Vitality Health Orig ID:1571062326 Desc Date:011221 CO Entry Descr:Cgdp Sec:CCD Trace#:041000122892882 Eed:210112 Ind ID:Qhxw Ind Name:H1426 Vitality Health 972-428-1100 Trn: 0122892882Tc	745.53
01/14	01/14 Online Transfer To Chk ...6009 Transaction#: 11000742775	470,000.00
01/25	01/25 Online Transfer To Chk ...6009 Transaction#: 11064224164	15,000.00
Total Electronic Withdrawals		\$1,344,253.15

FEES

DATE	DESCRIPTION	AMOUNT
01/15	Account Analysis Settlement Charge	\$476.54
Total Fees		\$476.54

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
01/04	\$1,310,226.66	01/11	483,535.38	01/25	436.18
01/05	660,757.31	01/12	482,789.85	01/26	455.28
01/06	637,813.11	01/14	15,790.82	01/27	537.18
01/07	637,880.51	01/15	15,339.28	01/29	600.88
01/08	638,167.78				



January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



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January 01, 2021 through January 29, 2021

Primary Account: [REDACTED] 3006

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